

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106209

1. Entity Name

CARIBBEAN MARINE SERVICES, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90030 019 ***150.00

Principal Place of Business Mailing Address
707 MULLETT DR #117 707 MULLETT DR #117
CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-4519

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3338115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATCHELL, FRED E SR.
707 MULLETT DRIVE
CAPE CANAVERAL FL 32920

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Frederick E. Gatchell Sr.*
Signature, typed or printed name of registered agent and title if applicable.

Printed FREDERICK E. GATCHELL
(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/2000

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME GATCHELL, FRED E JR
STREET ADDRESS 226 HAYES ST
CITY-ST-ZIP COCOA BEACH FL ☒ Delete

TITLE ☒ Change ☐ Addition
NAME FRED E. GATCHELL SR., PRES.
STREET ADDRESS 707 MULLETT DR. #117
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frederick E. Gatchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK E. GATCHELL 1/28/2000
Date Daytime Phone # 321-868-0007

CR2E034 (9/99)